



IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant: Wilson  
00 00 002 1021:01 10

Serial No.: 10/600,796

96700901 026000 00000000 SNIXH01 002/02/21  
Filing Date: 6-20-2003

Examiner: Jenkins

Art Unit: 2855

Confirmation No.: 9688

Commissioner for Patents

P.O. Box 1450

Alexandria, VA 22313-1450

Amendment A

Sir:

The Applicant respectfully requests the entry of the following amendments  
in response to the office action dated August 11, 2004.

12/13/2004 EABUBAKI 00000038 10600796

11 FC:1201  
12 FC:1251

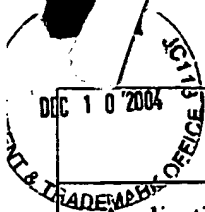
88.00 OP  
110.00 OP

Adjustment date: 12/29/2004 TDANKINS  
12/13/2004 EABUBAKI 00000038 10600796

01 FC:1201

-88.00 OP

IFW



AMENDMENT TRANSMITTAL LETTER

Attorney Docket: P01003US2A

Application Serial Number:

10/600,796

Filing Date:

6-20-03

Examiner:

Jenkins

Art Unit:

2855

Invention: Device for Detecting Overheated Tires

TO THE COMMISSIONER FOR PATENTS:

Transmitted herewith is an amendment in the above-identified application. The fee has been calculated as shown below.

CLAIMS AS AMENDED

	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	NO. OF EXTRA CLAIMS PRESENT	RATE	ADDITIONAL FEE
TOTAL CLAIMS	19	MINUS	20	0	n/a	\$ 0.00
INDEP. CLAIMS	6	MINUS	5	88	n/a	\$ 88.00

X  Petition is hereby made under 37 CFR 1.136(a) to extend the time for response to the Office Action of August 11, 2004 to and through December 11, 2004, comprising an extension of the shortened statutory period of: two months (\$110.00)

TOTAL ADDITIONAL FEE FOR THIS AMENDMENT

\$198.00

X  A check in the amount of \$ 198.00 is attached.

date December 7, 2004 Fred H. Zollinger III  
Reg. No. 39,438

I hereby certify that this Correspondence is being deposited with the United States Postal service with sufficient postage for first class mail in an envelope address to the Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, or the correspondence is being facsimile transmitted to the USPTO, on 12-7-04.

Fred H. Zollinger III, Reg. No. 39,438

Adjustment date: 12/29/2004 TDAWKINS  
12/13/2004 EABUBAK1 00000038 10600796

12/13/2004 EABUBAK1 00000038 10600796

02 FC:1251

-110.00 OP

01 FC:1207  
02 FC:1251

88.00 OP  
110.00 OP

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

# FEE TRANSMITTAL for FY 2003

Effective 01/01/2003. Patent fees are subject to annual revision.

☐ Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$) \$918.00

## Complete if Known

Application Number: Unknown  
Filing Date: Herewith  
First Named Inventor: Paul B. Wilson  
Examiner Name:  
Group Art Unit:  
Attorney Docket No.: P01003US2A

## METHOD OF PAYMENT (check all that apply)

☐ Check ☐ Credit card ☐ Money ☐ Other ☐ None

☒ Deposit Account:

Deposit Account Number: 06-0925

Deposit Account Name:

The Commissioner is authorized to: (check all that apply)

☒ Charge fee(s) indicated below ☒ Credit any overpayments

☒ Charge any additional fee(s) during the pendency of this application

☐ Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.

## FEE CALCULATION

### 1. BASIC FILING FEE

Large Entity	Small Entity	Fee Code	Fee (\$)	Fee Description	Fee Paid
1001	2001	750	375	Utility filing fee	750.00
1002	2002	330	165	Design filing	
1003	2003	520	260	Plant filing fee	
1004	2004	750	375	Reissue filing	
1005	2005	160	80	Provisional filing fee	
SUBTOTAL (1)					(\$ 750.00)

### 2. EXTRA CLAIM FEES FOR UTILITY AND

Extra Claims	Fee from below	Fee Paid
Total Claims 16 -20** = 0 X		0.00
Independent Claims 5 -3** = 2 X	84.00	168.00
Multiple Dependent		

Large Entity	Small Entity	Fee Code	Fee (\$)	Fee Description
1202	2202	18	9	Claims in excess of 20
1201	2201	84	42	Independent claims in excess of 3
1203	2203	280	140	Multiple dependent claim, if not paid
1204	2204	84	42	** Reissue independent claims over original patent
1205	2205	18	9	** Reissue claims in excess of 20 and over original patent

SUBTOTAL (2) (\$) \$168.00

## FEE CALCULATION (continued)

### 3. ADDITIONAL FEES

Large Entity	Small Entity	Fee Code	Fee (\$)	Fee Description	Fee Paid
1051	2051	130	65	Surcharge - late filing fee or oath	
1052	2052	50	25	Surcharge - late provisional filing fee or cover sheet	
1053	2053	130	130	Non - English specification	
1812	2520	1812	2,520	For filing a request for ex parte reexamination	
1804	920*	1804	920*	Requesting publication of SIR prior to Examiner action	
1805	1,840*	1805	1,840*	Requesting publication of SIR after Examiner action	
1251	2251	110	55	Extension for reply within first month	
1252	2252	410	205	Extension for reply within second month	
1253	2253	930	465	Extension for reply within third month	
1254	2254	1,450	725	Extension for reply within fourth month	
1255	2255	1,970	985	Extension for reply within fifth month	
1401	2401	320	160	Notice of Appeal	
1402	2402	320	160	Filing a brief in support of an appeal	
1403	2403	280	140	Request for oral hearing	
1451	2510	1,510	1,510	Petition to institute a public use proceeding	
1452	2452	110	55	Petition to revive - unavoidable	
1453	2453	1,300	650	Petition to revive - unintentional	
1501	2501	1,300	650	Utility issue fee (or reissue)	
1502	2502	470	235	Design issue fee	
1503	2503	630	315	Plant issue fee	
1460	2460	130	130	Petitions to the Commissioner	
1807	2807	50	50	Processing fee under 37 CFR § 1.17(q)	
1806	2806	180	180	Submission of Information Disclosure Statement	
8021	28021	40	40	Recording each patent assignment per property (times number of properties)	
1809	2809	750	375	Filing a submission after final rejection (37 CFR § 1.129(a))	
1810	2810	750	375	For each additional invention to be examined (37 CFR § 1.129(b))	
1801	2801	750	375	Request for Continued Examination (RCE)	
1802	2802	900	900	Request for expedited examination of a design application	

Other fee (specify):

\*\*or number previously paid, if greater; For Reissues, see above

SUBTOTAL (3) (\$) 918.00

## SUBMITTED BY

Name (Print/Type): Michael Sand  
Signature: Michael Sand

Registration No. (Attorney/Agent): 26,503

## Complete (if applicable)

Telephone: 330-244-1174  
Date: 6/20/03

**WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on**

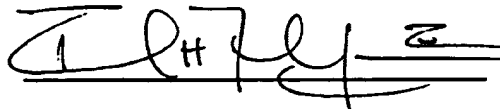
This collection of information is required by 37 CFR 1.17 and 1.27. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, Washington, DC 20231.

If you need assistance in completing the form, call 1-800-PTO-9199 (1-800-786-9199) and select option 2.

Further, a combustion event is most likely to appear through the external surfaces of the tire where an internal monitoring device would not readily detect the event. The Applicant thus submits there is no suggestion or motivation found in the combination of references that would lead one of ordinary skill in the art to make the combination presented by the Examiner. Further, the combination does not disclose or suggest the use of a monitor configured to detect an overheated tire condition that occurs well before the combustion condition described in Haaf.

In view of the foregoing, the Applicant respectfully requests reconsideration of the claims and most earnestly solicits the issuance of a formal Notice of Allowance for the claims.

Please call the undersigned attorney if any issues remain after this amendment.

A handwritten signature in black ink, appearing to read 'F. H. Zollinger III', written over a horizontal line.

Fred H. Zollinger III

Registration No. 39,438

Zollinger & Burleson Ltd.

P.O. Box 2368

North Canton, OH 44720

Phone: 330-526-0104

Fax: 1-866-311-9964

# PATENT APPLICATION FEE DETERMINATION RECORD

Substitute for Form PTO-875

Application or Docket Number

10600796

## CLAIMS AS FILED - PART I

(Column 1)

(Column 2)

SMALL ENTITY

OR

OTHER THAN SMALL ENTITY

FOR	NUMBER FILED	NUMBER EXTRA
BASIC FEE (37 CFR 1.16(a))		
TOTAL CLAIMS (37 CFR 1.16(c))	minus 20 =	*
INDEPENDENT CLAIMS (37 CFR 1.16(b))	minus 3 =	*
MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(d))		

RATE	FEE
	\$ _____
X \$ _____ =	
X \$ _____ =	
+ \$ _____ =	
TOTAL	

RATE	FEE
	\$ _____
X \$ _____ =	
X \$ _____ =	
+ \$ _____ =	
TOTAL	

\* If the difference in column 1 is less than zero, enter "0" in column 2.

## CLAIMS AS AMENDED - PART II

(Column 1)

(Column 2)

(Column 3)

SMALL ENTITY

OR

OTHER THAN SMALL ENTITY

AMENDMENT A	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
Total (37 CFR 1.16(c))	Minus	**	=
Independent (37 CFR 1.16(b))	Minus	***	=
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))			

RATE	ADDITIONAL FEE
X \$ _____ =	
X \$ _____ =	
+ \$ _____ =	
TOTAL ADD'L FEE	

RATE	ADDITIONAL FEE
X \$ _____ =	
X \$ _____ =	
+ \$ _____ =	
TOTAL ADD'L FEE	

(Column 1)

(Column 2)

(Column 3)

AMENDMENT B	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
Total (37 CFR 1.16(c))	19 Minus	20 **	=
Independent (37 CFR 1.16(b))	6 Minus	5 ***	= 1
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))			

RATE	ADDITIONAL FEE
X \$ _____ =	
X \$ _____ =	
+ \$ _____ =	
TOTAL ADD'L FEE	

RATE	ADDITIONAL FEE
X \$ _____ =	
X \$ _____ =	
+ \$ _____ =	
TOTAL ADD'L FEE	

(Column 1)

(Column 2)

(Column 3)

AMENDMENT C	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
Total (37 CFR 1.16(c))	Minus	**	=
Independent (37 CFR 1.16(b))	Minus	***	=
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))			

RATE	ADDITIONAL FEE
X \$ _____ =	
X \$ _____ =	
+ \$ _____ =	
TOTAL ADD'L FEE	

RATE	ADDITIONAL FEE
X \$ _____ =	
X \$ _____ =	
+ \$ _____ =	
TOTAL ADD'L FEE	

\* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20".

\*\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3".

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.